

PTO/SBA6 (08-038)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1)

								1			
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	C FEE FR 1,16(a))							:	OR		\$
TOTA	AL CLAIMS			. :			x *		OR	x *	
•	FR 1.16(c)) PENDENT CLAIM	is .	minus 20 = '								
(37 CFR 1.16(b)) minus 3 = *							X \$		OR	X 8	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+3		OR	+3	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
	AMPEL CL	AIMS AS AMI	ENDED:								
A		(Column 1)	umn 1) (Column 2) (Column 3)			_	SMALL E	NTITY	OR	OTHER SMALL	THAN ENTITY
1 5	41/05	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus	PAID FOR	1.11	,	10	122		x	
힞	(37 CFR 1.16(ct)	. 120			· (X/	ľ			OR		
밁	(37 CFR 1.160-5)				<u>L</u>		× *		OR	X \$•	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+1 -		OR	+5_=	
_	11/	<u> </u>					TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
3	16/06	(Column 1)		(Column 2)	(Column 3)		,		•		
N B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (SF CFR 1.10(c))	17	Minus	2 0	•/	١	x \$=		OR	x \$=	
칢	Independent (IF CFR 1.18(1))	• }	- Minus	" 3.	•	1	x \$		OR	x s•	
₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	ENTOLAN DICE	TR 1.14(d))	1	+\$		OR	+\$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)								_			
NTC		CLABAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
뙭	Total (37 OFR 1.35(c))	•	Minus	••	•		x 8=		OR	x s=	
AMENDMENT	Independent (37 OFR 1.15(b))	•	Minus	***	•		'X \$=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d))					ŀ	+: -		OR	<u> </u>	
·.							ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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